

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**2017 FINANCIAL DISCLOSURE STATEMENT**
**Form A**  
For Use by Members, Officers, and Employees

**2019 FEB 11 PM 3:18**  
OFFICE OF THE CHIEF  
U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

**Name:** Curran Jenkins **Daytime Telephone:** \_\_\_\_\_

<b> FILER STATUS</b>	Member of the U.S. House of Representatives	<b>State:</b> <u>VA</u>	<b>District:</b> <u>03</u>	<input type="checkbox"/> Officer or Employee	<input type="checkbox"/> Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
<b>REPORT TYPE</b>	<input type="checkbox"/> 2017 Annual (Due: May 15, 2018)	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination	<b>Date of Termination:</b> <u>1/30/18</u>	

**PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS**
**A. Did you, your spouse, or your dependent child:**

a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period?  or  
b. Receive more than \$2,000 in unearned income from any reportable asset during the reporting period?

B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?

C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?

D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

**Yes**  **No**

**IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS**
**IPO** – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact Yes  No 
**TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

**EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes  No

# SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: *✓127* *Frank*

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BLOCK A											
Assets and/or Income Sources											
<p>Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in “unearned” income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use only ticker symbols).</p>											
<p>For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.</p>											
<p>For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.</p>											
<p>For rental and other real property held for investment, provide a complete address or description, e.g., “rental property, and a city and state.</p>											
<p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p>											
<p><b>Excluded:</b> Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period) and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p>											
<p>If you report a privately-traded fund that is an Exempted Investment Fund, please check the “EF” box.</p>											
<p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.</p>											
<p>For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>											
BLOCK B											
Value of Asset											
<p>Indicate value of asset, at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.</p>											
<p>If an asset was sold during the reporting period and is included only because it generated income, the value should be “None.”</p>											
<p>*Column M is for assets held by your spouse or dependent child in which you have no interest.</p>											
BLOCK C											
Type of Income											
<p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the “Tax-Deferred” category of income by checking the appropriate box below.</p>											
<p>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check “None” for assets held in tax-free accounts. Check “None” if no income was earned or accrued.</p>											
<p>*Column XII is for assets held by your spouse or dependent child in which you have no interest.</p>											
BLOCK D											
Amount of Income											
<p>Check all columns that apply. For assets for which you checked “Tax-Deferred” in Block C, you may check the “None” column. For all other assets indicate the amount of income earned.</p>											
<p>For assets for which you checked “Tax-Deferred” in Block C, you may check the “None” column. For all other assets indicate the amount of income earned.</p>											
<p>Check all columns that apply. For assets for which you checked “Tax-Deferred” in Block C, you may check the “None” column. For all other assets indicate the amount of income earned.</p>											
BLOCK E											
Transaction											
<p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) in the reporting period.</p>											
<p>Leave this column blank if there are no transactions that exceeded \$1,000.</p>											
<p>Please indicate as follows: (S) (purch); (P) (sale); (E) (exchange).</p>											
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<p><b>Assets and/or Income Sources</b></p>											
<p><b>Value of Asset</b></p>											
<p><b>Type of Income</b></p>											
<p><b>Amount of Income</b></p>											
<p><b>Transaction</b></p>											
<p><b>Assets and/or Income Sources</b></p>											
<p><b>Value of Asset</b></p>											
<p><b>Type of Income</b></p>											

**SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: Carol Jenkins Page 3 of 15

S <sup>6</sup> P. C. T. R. I.	ASSET NAME	EF	BLOCK B Value of Asset												BLOCK C Type of Income			BLOCK D Amount of Income			BLOCK E Transaction				
			A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	IX	X	XI
General Elec Co Stock		X													None										
IBM Co Stock		X													\$1-\$1,000										
J P Morgan Chase Stock		X													\$1,001-\$15,000										
Prudential Stock		X													\$15,001-\$50,000										
Truist Stock		X													\$50,001-\$100,000										
Woolworth Stock		X													\$100,001-\$250,000										
Wells Fargo Stock		X													\$250,001-\$500,000										
Yerof Corp Stock		X													\$500,001-\$1,000,000										
Zions Bancorp Stock		X													\$1,000,001-\$5,000,000										
Amgen Wkshld C		X													\$5,000,001-\$25,000,000										
BlackRock Wkshld C		X													Over \$50,000,000										
First Data Wkshld C		X													Spouse/DC Asset over \$1,000,000*										
Procter & Gamble Stock		X													NONE										
Spangler Wkshld C		X													DIVIDENDS										
Wells Fargo Wkshld C		X													RENT										
Yerof Corp Wkshld C		X													INTEREST										
Zions Bancorp Wkshld C		X													CAPITAL GAINS										
Amgen Wkshld C		X													EXCEPTED/BLIND TRUST										
BlackRock Wkshld C		X													TAX-DEFERRED										
First Data Wkshld C		X													Other Type of Income (Specify: e.g., Partnership Income or Farm Income)										
Procter & Gamble Stock		X													None										
Spangler Wkshld C		X													\$1-\$200										
Wells Fargo Wkshld C		X													\$201-\$1,000										
Yerof Corp Wkshld C		X													\$1,001-\$2,500										
Zions Bancorp Wkshld C		X													\$2,501-\$5,000										
Amgen Wkshld C		X													\$5,001-\$15,000										
BlackRock Wkshld C		X													\$15,001-\$50,000										
First Data Wkshld C		X													\$50,001-\$100,000										
Procter & Gamble Stock		X													\$100,001-\$1,000,000										
Spangler Wkshld C		X													\$1,000,001-\$5,000,000										
Wells Fargo Wkshld C		X													Over \$5,000,000										
Yerof Corp Wkshld C		X													Spouse/DC Asset with Income over \$1,000,000*										
Zions Bancorp Wkshld C		X													P, S, S, P, or E										

**SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: *John T. Jenkins*

Page 4 of 12

SP. AC.	ASSET NAME	BP	BLOCK A Assets and/or Income Sources												BLOCK E Transaction
			A	B	C	D	E	F	G	H	I	J	K	L	
51	Cleaving Mfg. Co. Stock														
51	Wasco Ass't Corp. Mutual	X													
51	North. Pacific Banc. Co.	X													
	Goods For Jo Co Stock	X													
	Cleaving Reg. Bank Co.	X													
	Cleaving of the C.	X													
	Cleaving Industrial Co.	X													
	Cleaving Reg. Bank Co.	X													
	Sp. Cleaving. 132 Grand C.	X	X	X											
	Cleaving Dist. St. & C.	X	X	X											
	Cleaving Long Beach Co. A.	X	X	X											
	Cleaving Small Corp. Co.	X	X	X											
	143B-T Inc. Xep.	X	X	X											
	143B-T Cleaving	X	X	X											
	Smart 529 (Cleaving)	X	X	X											
	Smart 529 (Cleaving)	X	X	X											

Use additional sheets if more space is required.

**SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: *Erica Jenkins*

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset	BLOCK C Type of Income												BLOCK D Amount of Income	BLOCK E Transaction	
			A	B	C	D	E	F	G	H	I	J	K	L	M		
Spouse/DC Asset over \$1,000,000*																	
None																	
\$1-\$1,000																	
\$1,001-\$15,000																	
\$15,001-\$50,000																	
\$50,001-\$100,000																	
\$100,001-\$250,000																	
\$250,001-\$500,000																	
\$500,001-\$1,000,000																	
\$1,000,001-\$5,000,000																	
\$5,000,001-\$25,000,000																	
\$25,000,001-\$50,000,000																	
Over \$50,000,000																	
Spouse/DC Asset over \$1,000,000*																	
None																	
DIVIDENDS																	
RENT																	
INTEREST																	
CAPITAL GAINS																	
EXCEPTED/BLIND TRUST																	
TAX-DEFERRED																	
Other Type of Income (Specify, e.g., Partnership Income or Farm Income)																	
None																	
\$1-\$200																	
\$201-\$1,000																	
\$1,001-\$2,500																	
\$2,501-\$5,000																	
\$5,001-\$15,000																	
\$15,001-\$50,000																	
\$50,001-\$100,000																	
\$100,001-\$1,000,000																	
\$1,000,001-\$5,000,000																	
Over \$5,000,000																	
Spouse/DC Asset with Income over \$1,000,000*																	
P, S, S(party) or E																	

Use additional sheets if more space is required.

**SCHEDULE B – TRANSACTIONS**

Report any purchases, sales, or exchange transactions that exceeded \$1,000 in the reporting period for any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.

**Capital Gains:** If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.

\* Column K is for assets solely held by your spouse or dependent child.

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Report any purchases, sale, or exchange transactions that exceeded \$1,000 in the reporting period for any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.											
Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.											
* Column K is for assets solely held by your spouse or dependent child.											
Type of Transaction											Date
Purchase											Amount of Transaction
Sale											Spouse/DC Asset
Partial Sale											Spouse/DC Asset
Exchange											Spouse/DC Asset
Check Box if Capital Gain Exceeded \$200											Spouse/DC Asset
(MODA/AFR) or Monthly or Bi- Weekly if Applicable											Spouse/DC Asset
A											Spouse/DC Asset
B											Spouse/DC Asset
C											Spouse/DC Asset
D											Spouse/DC Asset
E											Spouse/DC Asset
F											Spouse/DC Asset
G											Spouse/DC Asset
H											Spouse/DC Asset
I											Spouse/DC Asset
J											Spouse/DC Asset
K											Spouse/DC Asset
Sp/ DC, JT	Asset										
Sp	Example	Mega Corp. Stock	X	X	X	3917					
		Bank of N.J. & P. Reg. Min. Dist.	X				1/22/12	X			
		Franklin N.Y. & P. Reg. Min. Dist.	X				1/21/13	X			
		American Washngtn. Hldngs	X				8/6/13	X			

Use additional sheets if more space is required.

Name: Samuel

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**SCHEDULE C – EARNED INCOME**

Name: John Jackson Page 7 of 12

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**INCOME LIMITS and PROHIBITED INCOME:** The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

<b>INCOME LIMITS and PROHIBITED INCOME:</b> The 2017 limit on outside earned income for members and employees compensated at or above the senior staff rate was \$27,100. The 2010 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.		
<b>Source</b> (include date of receipt for honoraria)	<b>Type</b>	<b>Amount</b>
Keene State	Approved Teaching Fee	\$5,000
State of Maryland	Legislative Pension	\$15,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
Orlando County Board of Education	Spouse Salary	N/A
<i>Caledon County Medical Society (Huntington, WV)</i>	<i>Spouse Salary</i>	<i>\$25,000/year</i>

## SCHEDULE D - LIABILITIES

Name: \_\_\_\_\_

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**Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. **Report a revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. **\*Column K** is for liabilities held solely by your spouse or dependent child.

SP. DC/JT	Creditor	Type of Liability	Date Liability Incurred MO/YR	Amount of Liability							
				A	B	C	D	E	F	G	H
				\$10,001- \$15,000							
				\$15,001- \$50,000							
				\$50,001- \$100,000							
				\$100,001- \$250,000							
				\$250,001- \$500,000							
				\$500,001- \$1,000,000							
				\$1,000,001- \$5,000,000							
				\$5,000,001- \$25,000,000							
				\$25,000,001- \$50,000,000							
				Over \$50,000,000							
				Over \$1,000,000* (Spouse/DC Liability)							

## SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization

Use additional sheets if more space is required.

## SCHEDULE F – AGREEMENTS

Name: \_\_\_\_\_

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employee.

**SCHEDULE G - GIFTS**

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality from an individual, local meats, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example:	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
Joseph Smith	Arlington, VA	

Use additional sheets if more space is required.

## **SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS**

Name: Emily Jenkins Page 1 of 1

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**EXCLUDE:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Source	Date(s)	City or Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member included? (Y/N)
Government of China (MECA)	Aug. 6-11	DC-Baoding, China-DC	Y	Y	N
Examples: Habitat for Humanity (charity foundation)	Mar. 3-4	DC-Boston-DC	Y	Y	Y
WIA - Nansen					

Use additional sheets if more space is required.

**SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA**

Name: Erica T. Weller

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A

Use additional sheets if more space is required.

**FILER NOTES  
(Optional)**

Name: <u>Ernesto</u>	Page <u>12</u> of <u>12</u>
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NOTE NUMBER	NOTES
None	

Use additional sheets if more space is required.